



**May 2003**

To submit information, update, or ask questions, please contact Diana Der Koorkanian at (301) 594-4113 or by e-mail: [dderkoorkanian@hrsa.gov](mailto:dderkoorkanian@hrsa.gov)

## LATE BREAKING NEWS

Greetings!

**CAP AUTOMATED MONITORING SYSTEM:** During the month of May the web-based reporting system will be available to accept data from all CAP communities. **The system will close on May 30, 2003.** The reference period for the report includes September 1, 2002 through February 28, 2003. All CAP grantees should email [cap@synthesisps.com](mailto:cap@synthesisps.com) if they have not yet received their user ID and password. These were sent to the listed CAP Primary Contact (by mail) on April 21, 2003.

TA calls will be held on May 9, 14, and 20, which will provide detailed information and helpful tips to assist grantees in navigating the system. Note: These will cover the same material as the TA call held on May 1. Send an email to [cap@synthesisps.com](mailto:cap@synthesisps.com) if you would like to participate in one of the calls scheduled later in May. Please include the name of the CAP grantee as listed on your Notice of Grant Award, your CAP grant number, and your contact information. You will receive confirmation within two business days.

**BUREAU OF PRIMARY HEALTH CARE GRANTEE MEETING:** CAP grantees are invited to join HRSA and their fellow grantees for the 2003 All Primary Health Care Grantee Meeting Sunday, June 29, 2003 - Wednesday, July 2, 2003 at the Omni Shoreham Hotel in Washington, D.C. Look for details coming soon at <http://minjoh.com/bphc/STDate.htm> or for immediate questions, please contact Tina Olson at (301) 594-4110. **Please Note:** This is NOT the CAP Annual Grantee Meeting and we do not have any additional information regarding the CAP Meeting at this time.

**TA REQUEST REMINDER:** For general TA requests, please submit these via the CAP website online *TA Request Form*. Please make sure that the form is filled out correctly and completely -- listing your CAP Primary Contact and all other requested information, including projected dates for the TA. Please allow at least 2 weeks for processing.

Thanks!  
Diana

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## CAP TA CALLS

### Technical Assistance Calls

Technical assistance calls for grantees are held every other Thursday from 2 to 3 PM EST. The schedule for May appears below. To register, search for summaries or materials from prior calls, or download materials for upcoming calls, please go to the CAP Website: [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov). Please remember that the site is password protected. Grantees should contact their primary contact to receive the password. Once you register for the call, please be sure to download the materials that will be used during the call. You should immediately receive a confirmation note by email that includes the call-in number for the call. If you have difficulty registering or do not receive the call-in number, please contact Shandy at [scampbell@mac1988.com](mailto:scampbell@mac1988.com) or call 301-468-6006 x437.

CAP TA Calls	
Date	Topic
May 15	<b>The 3-Share Health Coverage Model with Access Health</b>  In 1999 the Muskegon Community Health Project (also a September 2002 CAP grantee) unveiled "Access Health," a health coverage program targeting small businesses and their uninsured employees in Muskegon County, Michigan. Today, Access Health serves over 400 businesses and will provide health coverage to over 1,500 people in 2003. This call will allow CAP grantees to learn more about Access Health and various replication efforts of this innovative program in other communities. The call will also review new national legislation recently introduced to help small businesses participate in 3-share programs like Access Health. Our featured speaker will be Vondie Woodbury, Director of the Muskegon Community Health Project.
May 29	<b>Sustainability and Political Will-Building</b>  In the present climate of deep budget cuts, community leaders need skills to inform and mobilize political will as part of sustaining current initiatives. This session will provide an overview of tools necessary for successful collaboration between CAP communities and State, local and other levels of government. Our featured speaker will be Phyllis Busansky, Senior Fellow at the Hudson Institute who has worked with a number of CAP communities.

With the exception of calls related to legal issues, TA calls are summarized and "no response required" posted on the CAP website ([www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov)). Legal issue briefs are posted on the site under legal issues. You may also request an audiotape copy of any previous calls (up to one month after the call) by contacting Shandy Campbell at the email above.

### **Project Access Wichita, Kansas**

CAP grantee Project Access of Wichita, the largest city in Kansas, has successfully implemented the Project Access model, a coordinated volunteer physician network that links low-income uninsured individuals to health care providers who volunteer patient visit time. Over a 3-year period, more than \$6,235,915 in services has been donated by area physicians, \$14,244,522 by hospitals, and \$1,252,771 in pharmaceutical prescriptions. In addition, approximately \$10,000,000 in cost avoidance has been achieved through earlier medical intervention and the reduction of service fragmentations. Project Access is also implementing several other projects, including: a hospital emergency department case management project; a Call-A-Nurse service for enrolled patients available on evenings and Saturdays; and a large-scale hospital utilization study comparing inpatient and outpatient services for uninsured and Medicaid populations across all the main hospitals in Wichita. For more information, visit the Project Access website at: [www.projectaccess.net](http://www.projectaccess.net) or contact Anne Nelson at [annenelson@projectaccess.net](mailto:annenelson@projectaccess.net).

### **Southwest Texas Network Community Access Program (STNcap) Uvalde, Texas**

Community Health Development's STNcap coalition is partnering with the Mental Health Association in Greater San Antonio and dozens of community providers to deliver pro bono mental health services to a 10-county Texas region. The Pro Bono Mental Health Program is of particular benefit to low-income persons without other means to access mental health services. The program is a companion project to the Healthy Mind Connection mental health information and referral website featured in the April issue of CAPStone. STNcap initiated the Pro Bono Program because it believes the mental health field is hampered by disparities in the availability of and access to its services, perhaps even more intensely than other areas of health and medicine. These disparities can be viewed in terms of racial and cultural diversity, age, and/or gender. Yet overall, the key

disparity common to all groups is financial status. Financial barriers block needed mental health care for many people, including persons who have health insurance but lack adequate mental health benefits, or individuals who are one of the 41.2 million Americans who lack any insurance coverage at all.

Services provided by the Pro Bono Mental Health Program include: recruitment and coordination of a volunteer provider pool; client intake; information and referral services; coordination of a "clinic without walls"; client eligibility screenings; matching clients with providers and scheduling; maintenance; storage and secured access to client charts; medication access; and data collection and management. A unique feature is the "clinic without walls" concept. This term is used because the program itself requires little space to operate. Most or all of the clinical services are rendered to clients in donated spaces such as the volunteer professional's own office, community health centers, and other places determined to meet geographical access issues such as churches, libraries, schools, hospitals and senior centers. For more information on STNcap contact Debra Williams at [arbedw@aol.com](mailto:arbedw@aol.com).

### **Community Health Access Partnership Billings, Montana**

The Community Health Access Partnership (CHAP), the only CAP community in Montana, recently took a leadership role in promoting events for Cover the Uninsured Week. Events included numerous presentations to the Billings Faith Community and a Town Hall Meeting. Speakers at the Town Hall Meeting included Federal, State, and County political leaders along with several local experts. One of the speakers, a CHAP enrollee, shared his personal experiences of being uninsured. The Town Hall Meeting coincided with the release of state statistics focusing on the uninsured that offered the most up to date information regarding the health care needs and perceptions of Montanans. Local newspapers and radio and television stations provided multiple interview opportunities for CHAP to raise awareness of the needs of the uninsured and underinsured, and the services that can be provided to this

population. If you would like more information about CHAP, please contact Judy Stewart at [JudyS@ycchd.org](mailto:JudyS@ycchd.org).

### **East Central District Health Department Columbus, Nebraska**

Congratulations to Nebraska CAP grantee, East Central District Health Department (ECDHD). The CAP collaborative member that started as Platte-Colfax County District Health Department received a call on March 24, 2003 from Nebraska Congressman Osborne's office with notification that they had been awarded federal status as a Community Health Center, (CHC)! The Community Health Center (CHC) Program is a Federal grant program funded under Section 330 of the Public Health Service Act to provide primary and preventive health care services in medically underserved areas throughout the U.S. and its territories. CHCs are part of the Consolidated Health Center Program,

which also funds migrant health centers, health care for the homeless centers, public housing primary care centers, and school-based health centers. The good news came after much hard work completed by the staff since September of 2001, including: gathering data, performing needs assessments, engaging in discussions with medical staff and holding community focus groups. ECDHD noted that becoming a CHC would ensure comprehensive health care to hundreds of the area's most vulnerable, uninsured and underinsured individuals and families. They would like to thank their many community, state and regional partners, and CAP staff (both past and present) that assisted the endeavor with help, encouragement and technical assistance. Special thanks also goes out to Field Project Officer Aleta Cress who provided early encouragement to explore long term sustainability of the CAP project. For more information about ECDHD, please contact Rebecca Rayman at [rrayman@ecdhd.com](mailto:rrayman@ecdhd.com).

## **GRANT OPPORTUNITIES AND AWARDS**

### **Services Grants for Substance Abuse Prevention and HIV Prevention**

*Application deadline: May 23, 2003*

The HHS Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention will fund 10 to 14 awards in FY 2003 to help community-based organizations expand their capacity to provide and sustain effective, integrated substance abuse prevention and HIV prevention services in high risk minority communities disproportionately impacted by the HIV/AIDS epidemic. Eligible applicants include public colleges and universities and tribal governments as well as private non-profit entities (see guidance for complete list). State and local government agencies are NOT eligible to apply. Grant awards may vary but the average award will range from \$250,000 to \$300,000 in total costs. Awards may be requested for up to five years. For the application form and full text of the grant announcement, go to [www.samhsa.gov/grants/content/2003/sp03005\\_SAP\\_HIV.htm](http://www.samhsa.gov/grants/content/2003/sp03005_SAP_HIV.htm). For questions on program issues contact: Francis C. Johnson at 301-443-2332 or email [fjohnson@samhsa.gov](mailto:fjohnson@samhsa.gov).

### **Universal Service Discounts for Rural Health Care Providers**

*Deadline: Rolling through July 1, 2003*

As a result of the 1996 Telecommunications Act, certain rural not-for-profit health care providers may receive telecommunications services necessary for the provision of health care at reduced rates. The Universal Service Administrative Company (USAC) is charged by the Federal Communications Commission (FCC) with the responsibility of administering the program. Over 1,600 rural health care providers have previously received Universal Service support to reduce the cost of their telecommunications services. The application window for Program Year 2003 (7/1/03 – 6/30/04) of the Universal Service support mechanism for rural health care providers opened on March 26, 2003 and is rolling through July 1, 2003. However, applicants are encouraged to file their forms as early as possible. For questions about program eligibility, general information and assistance, or to obtain an application form (Form 465) call: 1-800-229-5476 or visit: [www.rhc.universalservice.org](http://www.rhc.universalservice.org).

## **National Community Benefit Fund**

*Application Deadline: Rolling*

Kaiser Permanente Cares is awarding national community benefit grants to nonprofit organizations and agencies with national reach. Kaiser seeks long-term, high-impact partnerships; programs that give individuals and groups the background, knowledge, and skills to develop responsibility for their own well-being and are interested in involving Kaiser

Permanente employees and physicians as volunteers. Organizations whose focus falls within the following four areas will receive highest priority: Vulnerable Populations, Evidence Base, Education, and Public Policy. There are no limits on funding requests. For more information on guidelines, visit [www.kaiserpermanente.org/about/community/brochure.pdf](http://www.kaiserpermanente.org/about/community/brochure.pdf) or contact Community Relations, Kaiser Permanente by phone at (510) 271-5685.

## **CONFERENCES, PROGRAMS, AND OTHER NEWS**

### **Cross-Cultural Communication in Health Care**

*June 4, 2003, Satellite Broadcast*

The HRSA/Center for Health Services Financing and Managed Care and Department of Health and Human Services/Office of Minority Health will present a Satellite Broadcast on Wednesday, June 4, 2003 on Cross-Cultural Communication in Health Care: Building Organizational Capacity. The broadcast will provide a practical and dramatic look at increasing language services in managed care settings for low-income populations. Selected national experts will include: Robert C. Like, M.D., M.S., Associate Professor and Director, Center for Healthy Families and Cultural Diversity, UMDNJ-Robert Wood Johnson Medical School and Shani Dowd, L.C.S.W., Director of Clinical Cultural Competency Training, Harvard Pilgrim Health Care.

Participants will learn: why delivering culturally & linguistically appropriate care makes sense from business & quality perspectives; how organizations are effectively providing linguistically appropriate care; what can be done to build an organization's capacity to deliver linguistically appropriate care; and where to go for useful information and resources.

Other sources of information will include: experts in the field offering rationale and best practices; dramatic illustrations highlighting successful strategies and common pitfalls; and video clips from interviews of actual patients and physicians to enhance understanding. For registration information and times visit: <http://www.hrsa.gov/financeMC/broadcast/default.htm>.

### **National Conference on Community Volunteering and National Service**

*June 8-10, 2003 Baltimore, Maryland*

This National Conference will allow volunteer leaders to convene for sharing practical knowledge and spreading the message of volunteering and national service. There will also be an opportunity to inspire leaders who mobilize people to service. Topics will include: ways to better connect people through volunteering and national service; recruitment, management, or training of volunteers; targeting volunteers where they are most needed; and learning effective practices in a constantly changing field. For more information visit: [www.pointsoflight.org/conference](http://www.pointsoflight.org/conference).

## **REPORTS AND ISSUE BRIEFS**

### **Emergency Department Crowding**

A recent report issued by the General Accounting Office (GAO) concludes that the hospitals experiencing the most problems with

emergency department (ED) crowding are located in large metropolitan areas with high population growth and a large percentage of uninsured people. Hospitals in areas with populations of 2.5 million or more went on diversion an average (median) of 162 hours in



fiscal year 2001, compared with 9 hours for hospitals in areas with populations of less than 1 million. Hospitals in areas with higher percentages of uninsured had almost twice as high a median percentage of patients leaving the ED prior to medical evaluation, another measure of ED crowding the GAO studied.

While two of every three emergency departments reported going on diversion at some point during the year, fewer than 1 in 10 hospitals was on diversion more than 20 percent of the time. Hospitals and communities studied reported a variety of actions to address ED crowding. Two-thirds of the hospitals visited had expanded or planned to expand their EDs. Some hospitals also reported holding meetings

of key hospital staff members to quickly identify and make available inpatient beds to minimize boarding in the ED. The report, number GAO-03-460, is available online at:

<http://www.gao.gov/new.items/d03460.pdf>.

## Expanding Access to Prescription Drugs

The Health Research and Educational Trust recently published an online guide, *Access to Prescription Drugs for the Uninsured: Examples of Innovative Programs*. The guide includes both national resources and a number of local and regional best practices for expanding access to medications and is available free of charge at <http://www.hospitalconnect.com/aha/hret/content/overview.pdf>.

## WEB RESOURCES

### Rural Health Resources

On March 25<sup>th</sup>, 2003, the Georgia Health Policy Center in partnership with HRSA's CAP Program Central Office, offered a Technical Assistance Conference Call for all self-identified Rural CAP grantees. The call highlighted a listing of resources and programs that may provide assistance and/or funding to CAP grantees serving rural areas. Web links to some rural-specific resources are listed below:

- National Office of State Offices of Rural Health: <http://www.nrharural.org/nosorh/>
- Rural Assistance Center: <http://www.raconline.org> or call 1-800-270-1898
- Technical Assistance and Services Center for the Rural Hospital Flexibility Program: <http://www.ruralresource.org/index.shtml>
- Georgia Health Policy Center: <http://www.gsu.edu/~wwwghp/>
- Rural Recruitment and Retention Network (3R Net): <http://www.3Rnet.org>
- National Rural Health Association: <http://www.nrharural.org>
- USDA/NAL Rural Information Center: <http://www.nal.usda.gov/ric/>
- HRSA Office of Rural Health Policy (ORHP): <http://ruralhealth.hrsa.gov/>
- Rural Policy Research Institute (RUPRI): <http://www.rupri.org/>

In addition, a PowerPoint presentation and *Find Your Funding* booklet were presented on the call and are both available on the "Prior TA Calls" section of the CAP grantee website. To access these go to [www.capcommunity.hrsa.gov](http://www.capcommunity.hrsa.gov) and click below "Prior TA Calls." The call is listed as "SPECIAL RURAL HEALTH TA CALL: RESOURCES TO SUSTAIN RURAL NETWORKS" March 25, 2003.

### The Provider's Guide to Quality and Culture

The HRSA Bureau of Primary Health Care and the HRSA Office of Minority Health (OMH) Provider's Guide to Quality and Culture is a unique website to assist health care organizations throughout the U.S. in providing high quality, culturally competent services to multi-ethnic populations.

The *Provider's Guide* presents state of the art information and resources on clinical outcomes and common health problems, beliefs, and practices of selected immigrant, refugee, and racial/ethnic minority populations. Each section contains research-based content, mnemonics, exercises, references, and annotated links to more comprehensive information including interactive video/audio streaming of best-practice vignettes on working with culturally and linguistically diverse patients. Another special feature of the enhanced *Provider's Guide* is audio recordings

of health care providers giving their perspectives on quality and culture in primary health care. Special topics include: Patient-Provider Interactions, Health Disparities, Cultural Groups, and Culturally Competent Organizations.

**New Features for 2003:** In June 2003 look for: A major expansion on Asian American and Pacific Islander (AAPI) health including interactive virtual training seminars for providers serving AAPIs and other populations; statistical data and recent research findings relevant to AAPIs; and electronic information sheets that identify, for each major minority population in the U.S. (African American, Hispanic, AAPI's, American Indians and Alaska Natives), cultural factors influencing the delivery of care for the following HHS priority health disparities: infant mortality; cancer; cardiovascular disease and stroke; diabetes; HIV/AIDS; child/adult immunizations, and more. To access the website visit: <http://erc.msh.org/quality&culture>.

## **New Maternal and Child Health Resource Website**

HRSA-supported Maternal and Child Health (MCH) Library Services has launched a new website with a broad range of information for MCH health professionals, families and the public. Funded through a cooperative agreement between HRSA and Georgetown University, the site contains information formerly on the National Center for Education in Maternal and Child Health site. The new site provides: updated resources; electronic guides to selected resources on hot topics; and MCHLine, the library's online database of print, audio-visual and electronic products funded by HRSA's Maternal and Child Health Bureau. The site also permits access to *MCH Alert*, a weekly electronic newsletter produced by MCH Library Services that summarizes current articles on MCH topics and lists announcements of new publications. To subscribe, email [MCHAlert@list.ncemch.org](mailto:MCHAlert@list.ncemch.org) and write "subscribe" in the subject line. To access the site visit: <http://mchlibrary.info/>.